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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OM8 control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 **CLAIMS AS FILED - PART I** OTHER THAN LAINE AS FILED .. OR 1 SMALL ENTITY SMALL ENTITY ethickness to (Column 1) (Column 2) NUMBER EXTRA NUMBER FILED FOR FEB. เสยอธิกิ คิด รีวิ RATE FEE RATECTI BASIC FEE (37 CFR 1.16(a)) OR : The in the street TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR : X(\$<u>-_\,\</u>;=.; INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR . (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL * If the difference in column 1 is less than zero, enter *0" in column 2. CETOTAL ... CLAIMS AS AMENDED - PART II OTHER THAN OR, (Column 2) (Calumn 3) SMALL ENTITY SMALL ENTITYCOLUMN 1) (Column 1) C1_A1I CLAIMS HIGHEST PRESENT ADDE REMAINING RATE ADD NUMBER RATE TIONAL **EXTRA** PREVIOUSLY THOMAL: 18 ENT AFTER FEE A FEBRUARIENT AMENDMENT PAID FOR **Minus** OR. (37 CFR 1,16(c)) Independent Minus X \$ 197 DEDE (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL ADO'L FE ADD'L FEE (Column (Column 3) (Cotumn 1) (Column 2) CEAIR CLAIMS HIGHEST PRESENT ADDI-RATE REMAINING NUMBER ADDEMAIN EXTRA TIONAL THONALFTE PREVIOUSLY AFTER FEE I FEBENDI SHT **AMENDMENT** PAID FOR Minus Metit. (37 CFR 1.16(c)) <u>(27 CF</u>(R.:\$6) X S OR Minus Independent Minus X \$ 121 CF = 11 311 (3) CPR 1.16(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFH 1.16(d)) TOTAL ADD'L FRE OR ADD'L FEE (Column 2) (Cotumn 3) (Column 1) M 411 CLAIMS HIGHEST ADDIMARTING PRESENT RATE -ADDI-RATE REMAINING NUMBER ENT EXTRA TIONAL THONALL IER AFTER **PREVIOUSLY** FEE FEEDIND CONT **AMENDMENT** PAID FOR = Minus Minus Tetat **Total** अंद्रे हैं हैं। हिस्से रिवरी (37 OFR 1.15(c)) END independent i Mirass independent Minus स्र ह का दास्य स्ति। (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) This partie was been a make the be OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR 1 * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 🔧 if this enter in Coloma T is it as than the enter ** If the Telphast Comber Red Samily Paid For is "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". "The area was included for death Paiding"

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